Psychology Profile



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From The Chair...

Clifford V. Hatt, Ed.D.

This has been a busy two years for the members of the Board of Psychology and its staff with the transfer of licensure of clinical psychologists from the Board of Medicine and the subsequent revision of our regulations. While the process has been time and resource consuming, we believe the integration of all aspects of the profession under a single board is beneficial to psychologists and to the people of Virginia.

In addition, the Board has taken on the certification of sex offender treatment providers. August 6th was the deadline for grandfathering, after which newly certified persons must meet all requirements set in regulation. The Board is proposing legislation to continue the certification after July 1, 1999 (See enclosed articles). Your board has also spent many hours examining such issues as continuing competency requirements, endorsement of licensees from out-of-state, and standards of professional conduct.

We hope this newsletter will encourage communication with all of our colleagues. As you become aware of issues or concerns, please let us know by contacting a board member or Evelyn Brown at the board office. We encourage your involvement in our effort to ensure competent psychological services to consumers and would certainly welcome any ideas for future newsletters.

CALENDAR OF EVENTS

September 22, 1998	BOARD MEETING
October 21, 1998	NATIONAL AND STATE EXAMINATIONS
January 14, 1999	Application deadline for the April 14, 1999 examination
March 1, 1999	LGR deadline for the April 14, 1999 examination
March 23, 1999	BOARD MEETING
April 14 1999	NATIONAL AND STATE EXAMINATIONS
June 8, 1999	BOARD MEETING
July 13, 1999	Application deadline for the October 13, 1999 examination
September 1, 1999	LGR deadline for the October 13, 1999 examination

Regulatory Review



by Jeanne E. Decker, Ph.D.

The Board has been very active in the past year working on amendments to its regulations in compliance with Executive Order and new statutes enacted by the General Assembly.

As many of you know, legislation became effective in July, 1996, which transferred regulation of clinical psychologists from the Board of Medicine to the Board of Psychology. This legislation established new license titles and scopes of practice for three categories of licensure, "clinical," "school" and "applied." To implement the new legislation, the Board adopted emergency amendments to the regulations soon after the legislation became effective. The regulations became permanent on August 6, 1997.

While advancing the changes summarized above, the Board has completed a thorough review of the regulations in response to an Executive Order. As a result the Board is considering amendments to reformat and streamline the regulations, clarifying areas that cause confusion, developing endorsement language for applicants with lengthy experience licensed in other states, updating the education requirement, and rephrasing some of the ethical standards to make them clearer and more enforceable. The Board plans to have proposed amendments ready in early 1999 for public comment.

Regulatory review is an ongoing and slow process. The Board expects to continue to update, refine and improve its regulations over time.

1999 Legislation

In preparation for the 1999 Session of the General Assembly, the Board has proposed several pieces of draft legislation:

- To remove the July 1, 1999 sunset clause for the sex offender treatment provider certification. The Board believes that mandatory certification is essential to ensure that unlicensed providers in exempt government agencies have a certain level of expertise in the specific area of sex offender treatment. Properly trained providers increase the success of treatment programs, thereby reducing the risk to the public from sexual offenders who have been released.
- To mandate the Board to establish by regulation certain requirements of continued competency for renewal of licensure. Continued exposure to legal and ethical issues, new technologies and methods, and new bodies of knowledge and developments in the profession are essential to keep practitioners mindful of appropriate boundaries and competent in their practice.

Drafts of all legislation have been circulated to professional organizations for comment. If accepted by the Governor, they will be introduced to the General Assembly as administration legislation.

If you have comments on any of this proposed legislation, you

Sex Offender Treatment Providers Certification

by Lynne Fleming, Attorney General's Office

may write to the Executive Director, Evelyn Brown, at the mailing address on this newsletter or e-mail to ebrown@dhp.state.va.us. During the 1999 General Assembly, the Board may be asked to comment on legislation which is

introduced. If you would like to comment on bills which affect the practice of psychology, you may contact the board by telephoning (804) 662-9913 or FAX at (804) 662-9943



DISCIPLINARY ACTIONS

The Board of Psychology has taken the following disciplinary actions from February, 1996 to July, 1998.

□ Diaris Bates-Jackson, Ph.D., LCP 0810-001713

Findings: Fraudulent billing of Medicaid; Failed to properly evaluate students when making diagnosis; Improper referral of public school students to her own private practice.

Action: Probation Order Entered April 1, 1998

□ Russell A. Bourne, Jr., Ph.D., LCP 0810-000980

Findings: Misrepresented to court that a student had engaged in individual counseling to address substance abuse problems, failed to maintain treatment records, failed to obtain releases prior to discussing student clients with outside practitioners.

Action: Probation Order Entered December 10, 1996

☐ Dwight T. Colley, Psy.D., LCP 0810-001762

Eindings: During residency, engaged in a dual relationship with client in 1989 to include sexual relation.

Action: Reprimand Order Entered April 8, 1997

☐ Serge Doucette, Ph.D., LCP 0810-001595

Findings: Improper business practices to include hiring unlicensed individuals to provide therapy, failure to maintain appropriate treatment records.

Action: Probation Order Entered April 16, 1996

Richard E. Hardy, Ph.D., LCP 0810-001229

Findings: Dual relationship to include sexual relations with a client

Action: Probation Order Entered April 8, 1997

Claudia A. Johnson, Ph.D., LCP 0810-000766

Findings: Dual relationship to include romantic relations, social relationship and purchasing car with one client;
Pursuing social relationship with a second client.

Action: Probation Order Entered March 25, 1998

☐ Michael E. Keister, Ph.D., LCP 0810-002264 <u>Findings</u>: Inappropriate social relationship with a client; Misuse of alcohol which interfered with practice.

Action: Reprimand with terms

Order Entered Sept. 23, 1997

☐ Eugene W. Kelly, Ph.D., LCP 0810-002382 Findings: Felony conviction, crimes against nature.

Action: Mandatory Suspension. Reinstatement hearing requested, scheduling pending.

Order Entered May 22, 1998 0810-002450

☐ Holly P. Martin, Ph.D., LCP 0810 Findings: Felony conviction for Medicaid fraud.

Action: Mandatory Suspension

Order Entered May 18, 1998

☐ Barry Shreve, Ph.D., LCP 0810-002263

Eindings: Dual relationship to include sexual relations with

one client; dual relationship with second client.

Action: Probation Order Entered February 17, 1997

□ Robert Van de Castle, Ph.D., LCP 0810-000759

<u>Findings</u>: Sexual relationship and marriage with a client; sexual contact with another client.

Action: Suspension Order Entered June, 10, 1997

(It is expected that 300-500 mental health professionals will obtain this credential to treat sex offenders. To answer many of the questions that have been asked, our Board counsel has

prepared this summary and Q/A.)

The criteria for eligibility are set forth in regulations of the Board: 18 VAC 125-30-40, 18 VAC 125-30-50 and 18 VAC 125-30-60. The Board cannot make exceptions to the following requirements for certification as a sex offender treatment provider (SOTP):

1. Degree requirement.

- a. Hold a master's or doctoral degree in social work, psychology, counseling, or nursing from a regionally accredited university; or
- b. Hold a degree of Doctor of Medicine or Doctor of Osteopathic Medicine from an institution that is approved by an accrediting agency recognized by the Virginia Board of Medicine.
- 2. Specialized training in sex offender treatment.

Have 50 clock hours of training in the following areas, with a minimum of ten hours in each area:

- a. Etiology/developmental issues of sex offense behavior;
- b. Sex offender assessment:
- c. Sex offender treatment interventions;
- d. Criminal justice and legal issues related to sexual offending;
- e. Program evaluation, treatment efficacy and issues related to recidivism.

Experience.

After August 6, 1998, you must have a minimum of 100 hours of face-to-face supervision within the 2,000 hours experience with a minimum of six hours per month. Supervision must be provided by an individual who is a certified sex offender treatment provider and licensed by the Board of Medicine; Nursing; Licensed Professional Counselors, Marriage and Family Therapists and Substance Abuse Professionals; Psychology or Social Work.

Sex Offender Treatment Provider Questions

1. How can someone obtain SOTP supervision if there is no provision for working without supervision?

Virginia Code Section 54.1-3601(2) permits an individual to provide services under the supervision of a licensed or certified individual. However, this exemption only applies to an individual whose supervision is provided by an appropriately licensed person who is also certified as a sex offender treatment provider and this supervision must be registered with the Board of Psychology.

2. What can people who don't have the education, but have been providing the services for a number of years do about practice?

The Board of Psychology's regulations specify the requirements (listed above) that an applicant must meet to be certified. The only exception to these requirements is for individuals who can demonstrate current certification as a sex offender treatment provider in good standing, under substantially equivalent standards, from another state. The Board is aware of only two other states – Oregon and W.Va. – offering such certification. FOR ALL OTHER INDIVIDUALS, THESE EDUCATION AND TRAINING REQUIREMENTS ARE MANDATORY. It is defined as illegal activity for such persons to continue to provide sex offender treatment services. Such persons may provide only "ancillary" services, which are defined to include training in anger

management, stress management, assertiveness, social skills, substance abuse avoidance, and sex education as part of an identified sex offender treatment provider program. Their work must be supervised by a CSOTP.

3. After August 6, 1998, when each applicant will have to document that he had 100 hours face-to-face supervision within the 2,000 hours of experience in the delivery of clinical assessment/treatment (of which 200 hours were face to face treatment and assessment of sex offender clients) with the 6-hour per month minimum, does the experience have to have been under a SOTP? If so, we wouldn't be able to certify anyone for about a year since the first SOTP was issued this year. If not, who will be able to verify the experience?

All supervision received after August 6, 1998 must be under an individual who holds both a Certification as a Sex Offender Treatment Provider and who is licensed by the Boards of Medicine, Nursing, LPCMFTSTP, Psychology or Social Work. Supervision received prior to August 6, 1998 must have been provided by a licensees of one of the cited boards.

4. Are there any exempt settings for this certification for unlicensed people?

Virginia Code Section 54.1-3611 provides that "no person including licensees of the Board of Medicine, Nursing, Professional Counselors, Psychology or Social Work shall claim to be a certified sex offender treatment provider unless he has been so certified." That section further prohibits anyone who is exempt from licensure because he is employed as a salaried employee or volunteer of the federal government, the. Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, community-based citizen group or organization from holding himself out as a provider of sex offender treatment services unless he is certified as a sex offender treatment provider by the Board of Psychology.

Have a complaint about a licensee or certificate holder? Please call the Toll-Free Complaint Line at 1-800-533-1560 or 1-804-662-9956

New Impaired Practitioners' Program

Effective January 1, 1998

In its 1997 session, the Virginia General Assembly passed legislation which created a Health Practitioners' Intervention Program ("HPIP"), which would be available to all health care practitioners licensed, certified or registered by any health regulatory board within the Department of Health Professions. It is the stated purpose of the legislation to provide "an alternative to disciplinary action" for health care practitioners with certain impairments. Practitioners who are impaired by reason of mental or physical illness or disability, as well as those with substance abuse problems are eligible for participation in the HPIP. Under the authority of these statutory provisions, the Department of Health Professions entered into a contract with Virginia Monitoring, Inc. to establish the comprehensive health practitioners' intervention program. The HPIP officially began operation on January 1, 1998.

Eligible for participation in the HPIP are all health care practitioners who are currently licensed, certified or registered by the Department of Health Professions; all individuals who were so licensed, certified or registered, but are not currently licensed due to revocation, suspension, or surrender of the privilege, as well as individuals whose licenses, certificates or registrations have lapsed. Certain participants in the HPIP may request a "stay" of Board disciplinary action, but this option is available only to those practitioners who satisfy narrow statutory requirements specifying eligibility for stayed disciplinary action. Requests for stayed disciplinary action are referred to an Intervention Program Committee, a seven member group which is charged with supervising the operation of the Health Practitioners' Intervention Program.

If any health care practitioner has concerns about an impairment affecting himself or herself or another practitioner and would like information concerning the Health Practitioner's Intervention Program, contact may be made with the program as listed below:

William E. McAllister
Virginia Monitoring, Inc.
2101 Executive Drive, Suite 5M - Tower Box 88
Hampton, VA 23666
(757) 827-6600 - (888) 827-7559 (answered 24 hours a day) - Fax: (757) 827-8864

Copies of the statutes and regulations governing the Health Practitioners' Intervention Program are available from the Board of Psychology.

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